SCOTLAND PHYSICIANS NETWORK

An affiliate of Scotland Health Care System

POLICIES AND PROCEDURES

Policy Manual:	Scotland Physician's Network	Policy #:
Category/Subject:	Sliding Fee Discounts	Date Issued: 12/2012
Contact Dept:	Scotland Physician's Network	Date(s) Revised: 08/2017, 10/2017, 11/2018, 04/2019, 09/2019, 02/2020
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POLICY

To promote access to preventative and illness care for uninsured and underinsured low-income persons to all Scotland Health Care System's primary care and OB/GYN practice patients who meet the eligibility requirements outlined in this policy will qualify for a discount applied against charges. These Practices will offer a Sliding Fee Discount Program to all who are unable to pay for their services. These Practices will base program eligibility on family size and income and will not discriminate on the basis of an individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity. **No one is refused services because of lack of financial means to pay.**

All medically necessary services provided by the Practices will be covered under the sliding fee scale discount.

Charges are to be posted to the patient account based on the standard charges of the Practice. Sliding fee discounts will be applied after all payments for the dates of services rendered have been received, using the appropriate adjustment type/code(s) as determined by the Vice President of Finance. The Federal Poverty Guidelines, http://aspe.hhs.gov/poverty, are used in creating and annually updating the sliding fee schedule to determine eligibility (Appendix A).

Definitions

- Underinsured: Patients covered by a source of third-party funding, but at risk of high out-of-pocket expenditures due to their plan's benefit package or who are not covered under an insurance health plan. This may include, but is not limited to, high deductible plans, high coinsurance/copay plans, low per diem policies, etc.

PURPOSE

To govern the use of sliding fee discounts.

PROCEDURE

Notification: Patients will be notified of the Sliding Fee Discount Program by:

- Providing each patient notification of the program at every visit and interested patients will be offered an application for the program
- Displaying notification about the program in the practice waiting area
- Making the program policy and applications available at www.scotlandhealth.org

Request for Discounts: Request for discounted services may be initiated by patients, family members, social service staff, or others who have awareness of the existing financial hardship. The sliding fee schedule discount program will only be made available to the practice visits.

Eligibility Requirements:

- Any person that does not have health insurance or meets underinsured definition may be considered for the sliding fee discount. All patients seeking health care at Scotland Health Care System's primary care and OB/GYN practices are assured they will be served regardless of inability to pay.
- The responsible person will offer the patient a sliding fee discount application to provide information to assist them in the determination of eligibility.
- Patients with approved applications (Appendix B) will be notified to re-apply at the end of the 6-month eligibility period. Changes in the number of family members and financial status are to be disclosed.

Eligibility:

Sliding fee discounts will be based on income and family size only utilizing the Census Bureau definitions of each:

- **Family** is defined as: a group of two people or more (one of whom is the head of household) related by birth, marriage, or adoption and residing together as recognized by the IRS; all such people (including related family members) are considered as members of one family.
- **Income** includes: gross earnings, unemployment compensation, workers' compensations, Social Security, Supplemental Security Income, public assistance, veteran's payments, survivor benefits, pension and retirement incomes, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources for all individuals defined as family. Noncash benefits (such as food stamps and housing subsidies) **do not** count.

Any of the following documents may be considered sufficient evidence to verity income, when the income data is annualized as appropriate:

- 2 most recent paycheck stubs
- Income tax return from the most recently filed calendar year
- Forms indicating approval or denial of unemployment compensation benefits
- Attestation statement of unemployment or no income

Applicant Notification and Records:

All determinations of eligibility and discount calculations will be made by the Sr. Director of Patient Financial Services or his/her designee. Sliding Fee Discount Program applications cover outstanding patient balances for six months prior to the application date and any balances incurred within 6 months after the approved date, unless their financial situation changes significantly. Once the approval or denial for the sliding fee discount has been determined, the patient(s) will then be notified in writing by the Practice Manager or a designated staff member. A copy of the approved Sliding Fee Application will be scanned into the patient's chart.

Information related to the Sliding Fee Discount Program decisions will be maintained and preserved in a centralized confidential file located in the Practice in an effort to preserve the dignity of those receiving free or discounted care.

Information requests, from the Practice staff to the responsible person, for the verification of income and family size shall be limited to that which is reasonably necessary and readily available to substantiate the responsible person's qualification for sliding discount. Only those facts relevant to eligibility may be verified and duplicate forms for verification shall not be demanded.

Inability to Pay:

Payment is requested at time of service by cash, credit card, or check. Patients who express inability to pay will not be refused services.

Refusal to Pay:

Patient's will be billed periodically for all outstanding balances. Unpaid balances without satisfactory payment arrangements may be sent to collections after 3 billing cycles.

Annual Policy and Procedure Review:

Annually, the amount of sliding fee discount program provided will be reviewed by the Vice President of Finance. The Sliding Fee Scale will be updated based on the current Federal Poverty Guidelines. Pertinent information comparing amount budgeted and actual community care processed shall serve as a guideline for the future planning. This review will also serve as a discussion base for considering possible changes in the current policy and procedures for examining the facility practices in order to reduce barriers to care for the uninsured and underinsured patient population.

Budget:

Annual budget process, an estimated amount of the sliding fee discount program service will be placed into the budget as a deduction from revenue. Board approval for sliding fee discount program will be sought as an integral part of the annual budget.

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Appendix A

Scotland Health Care System
Primary Care and OB/GYN Practices

Sliding Fee Schedule
As of 01/01/2020

Family Size	0-100% Federal Poverty Level			101%-125% Federal Poverty Level			126%-150% Federal Poverty Level			151%-175% Federal Poverty Level			176%-200% Federal Poverty Level			>200% Federal Poverty Level
	Discount = 100%			Discount = 80%			Discount = 60%			Discount = 40%			Discount = 20%			Discount = 0%
1	0	to	12,760	12,761	to	15,950	15,951	to	19,140	19,141	to	22,330	22,331	to	25,520	25,521
2	0	to	17,240	17,241	to	21,550	21,551	to	25,860	25,861	to	30,170	30,171	to	34,480	34,481
3	0	to	21,720	21,721	to	27,150	27,151	to	32,580	32,581	to	38,010	38,011	to	43,440	43,441
4	0	to	26,200	26,201	to	32,750	32,751	to	39,300	39,301	to	45,850	45,851	to	52,400	52,401
5	0	to	30,680	30,681	to	38,350	38,351	to	46,020	46,021	to	53,690	53,691	to	61,360	61,361
6	0	to	35,160	35,161	to	43,950	43,951	to	52,740	52,741	to	61,530	61,531	to	70,320	70,321
7	0	to	39,640	39,641	to	49,550	49,551	to	59,460	59,461	to	69,370	69,371	to	79,280	79,281
8	0	to	44,120	44,121	to	55,150	55,151	to	66,180	66,181	to	77,210	77,211	to	88,240	88,241
Each Add'l After 8 Add	4,480			5,600			6,720			7,840			8,960			8,960

https://aspe.hhs.gov/poverty-guidelines

Appendix B

Sliding Fee Discount Application

- It is the policy of Scotland Physicians Network's primary care clinics to provide medically necessary services regardless of the patient's ability to pay. All Scotland Health Care System primary care and OB/GYN practices offer discounts based on family size and annual income.

The discount will apply to all medically necessary services received at these clinics, but not those services or equipment that are purchased from outside, including reference laboratory testing, drugs, and x-ray interpretation by a consulting radiologist, and other such services. This form must be completed every 6 months or if your financial situation changes.

NAME OF HEAD OF HOUSEHOLD		PLACE OF EMPLOYMENT		
STREET	CITY	STATE	Zip Code	Phone

Please list spouse and dependents under age 18.

Name	Date of Birth	Name	Date of Birth
SELF		SPOUSE	
DEPENDENT		DEPENDENT	
DEPENDENT		DEPENDENT	

Annual Household Income

Source	Self	Spouse	Other	Total	Office Use Only Verification
Gross wages, salaries, tips, etc.					
Income from business, self-employment, and dependents					
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income					
Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources					
Total income					

NOTE: Copies of tax returns, pay stubs, or other information verifying income may be required before a discount is approved.

I certify that the family size and income information shown above is correct. I give my permission for this information to be used as appropriate for accounting and authorization purposes.

Name (Print)	Signature	Date

Office Use Only

Patient Name: _____ Approved by: _____

Date Approved: _____ Discount Approved: _____ Eligibility Dates: _____